

NEW MEXICO OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

(Form C-104)
Revised 7/1/57

REQUEST FOR ~~Oil~~ - (GAS) ALLOWABLE

New Well
~~Recompletion~~

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

Farmington, New Mexico
(Place)

November 11, 1960
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

Astec Oil and Gas Company Robinson Well No. 3-D in SW $\frac{1}{4}$ $\frac{1}{4}$
(Company or Operator) (Lease)

San Juan Sec. 15 T. 28N R. 13W NMPM, Undesignated Dakota Pool
Unit Letter

Please indicate location:

D	C	B	A
E	F	G	H
L	K	J	I
M	N	O	P

County. Date Spudded 10/8/60 Date Drilling Completed 10/19/60
Elevation 6078 a.l. Total Depth 6500 FBTD 6467

Top Oil/Gas Pay 6330 Name of Prod. Form. Dakota

PRODUCING INTERVAL -

Perforations 6332-6352, 6394-6416
Open Hole _____ Depth _____
Casing Shoe 6500 Depth Tubing 6467

OIL WELL TEST -

Natural Prod. Test: _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): _____ bbls. oil, _____ bbls. water in _____ hrs, _____ min. Choke Size _____

GAS WELL TEST -

Natural Prod. Test: _____ MCF/Day; Hours flowed _____ Choke Size _____

Method of Testing (pitot, back pressure, etc.): _____

Test After Acid or Fracture Treatment: 107 - 789 MCF/Day; Hours flowed 3 hr.

Choke Size 3/4" Method of Testing: Back-pressure

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): Sand-water fraced with 70,000# sand and 1830 Bbls. water

Casing _____ Tubing _____ Date first new _____
Press. _____ Press. _____ oil run to tanks _____

Oil Transporter _____

Gas Transporter Southern Union Gas Company

Remarks: _____

I hereby certify that the information given above is true and complete to the best of my knowledge:

Approved November 11 NOV 18 1960

Astec Oil and Gas Company
(Company or Operator)

OIL CONSERVATION COMMISSION

By: _____ ORIGINAL SIGNED BY JOE C. SALMON
(Signature) Joe C. Salmon

By: Original Signed Emery C. Arnold

Title: District Superintendent
Send Communications regarding well to:

Title Supervisor Dist. #3

Name: Astec Oil and Gas Company

Address: Dwaver # 570, Farmington, New Mex.

STATE OF NEW MEXICO	
OIL CONSERVATION COMMISSION	
AZTEC DISTRICT OFFICE	
NUMBER OF COPIES RECEIVED	
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